MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17805 CERTIFICATE OF DEATH death The law requires that the death certificate be executed within 24 hours after death completely filled in by the funeral tove carbon popers. Pages I and 2. USUAL RESIDENCE (Where deceosed lived, if institution: PLACE OF DEATH Residence before admission) b. COUNTY o. COUNTY o. STATE MARYLAND hours after c. LENGTH OF STAY IN 1h. c. CITY OR TOWN (If-autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write-RURAL and give nearest tawn)-IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) event, within 72 YES NO 3. NAME OF Middle 4. DATE Month Doy Year DECEASED OF SIE 196 DEATH (Type or print) Seose remove car IF UNDER 1 F UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH (In years birthday) Months Hours WIDOWED DIVORCED ond in ony 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, crematian, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or ynknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** stating the underlying couse be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to lost. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office bldg., etc.) Hour o.m. ot work should be 19\_\_\_\_, that (i) (we) last 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 1003 director, page 3 should should be filed with the M, fram causes and an the date stated above saw the deceased alive on 220 SIGNATURE MED. DIRECTOR M.D. PHYS. M D 22d. ADDRESS В. Arthur Cecil Page 4 may 12/14/66 Easton, Maryland NAME (Type) (County) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City on Town) (State) 250. BURIAL, CREMATION DATE THEREO REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24) FUNERAL DIRECTOR ADDRES. VR A15 (4) 20 M 1/66 1966



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17807 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY event, within 72 hours after MARYLAND CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) лила. papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO 3. NAME OF Middle lost DATE Month Doy Year DECEASED OF Dorga 2 196 (Type or print) DEATH 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours white WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. during most of working life, even if retired) COMPRY INDUSTRY New York City umberman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pietro Borga ecilia Marta 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dotes of service) 218-05-3488 Mrs. Alex J. Bonga, RFD 3, Easton, Nd. Dermit burial, cremation, or INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o.m. **Not While** factory, street, office bldg., etc.) at wark . 1966, that (I) 21. I certify that (1) (4) attended the deceased fram. 1966 to 10/17 19 (ale, and that death accurred at 9 19 M, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE **ATTENDING** DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23b. DAJE THEREOF (County) (Stote) 23a. BURIAL, CREMATION Landing, Neck Md. aston. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence completely filled in by the funeral o. COUNTYo. STATE b. COUNTY Maryland Caroline MARYLAND c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest town) vithin 72 haurs Federalsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Carter Village YES NO X 3. NAME OF 4. DATE Month Day Year DECEASED (Type or print) DEATH OF BIRTH IF UNDER 1 YEAR S SFX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs August 6, 1966 Male Negro WIDOWED DIVORCED 19 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8|RTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Easton, Maryland None None USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy William C. Boyce Janie L. Johnson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(If yes give wor or dotes of service) burial, crematian, ar r permit. Janie L. Johnson, Federalsburg, Maryland None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO as the stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? for use of Health NO X 20o. ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) of work at work 21. I certify that (I) (this hospital) attended the deceased fram Dec 20, 1966, to Dec 21, 1966 that (I) (we) last directar, page 3 shauld shauld be filed with the saw the deceased alive an Dec. 25 1966, and that death accurred at 1/20 RM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURI DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 12 N. A NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Dec. 28, 1966 Near Preston, Maryland Jonestown Cemetery 250-REC'D, BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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1780		MEDICAL EXAM				1 5	7805	
1. PLACE OF DEAT	bot	MA	RYLAND	CTATE	Where deceased lived, if in b.	COLINTY	ce before admission)	
b. CITY OR TOW write PURAL	(If outside corporate limits, and give nearest town)	c. LENGTH OF STA	n.	c, CITY OR TOWN (If o	utside carporate limits, wri Easton	te RURAL and give	20.1	
d. NAME OF HOS Memori		n hospital, give street address)		d. STREET ADDRESS	. Park St.		e. IS RESIDENCE ON A FARM? YES NO K	
3. NAME OF DECEASED (Type or print)	First Claude	Middle Leslie	Bi	cinsfield	4. DATE OF DEATH Dec	Month ember	27 Year 66	
s, sex M	W.	MARRIED R NEVER MARR		March 29,		ors IF UNDER 1  OY) Months  yrs.	Doys Hours Min.	
electr	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  Electrician				11. BIRTHPLACE (Stote or foreign country) 12. CI  Md .			
Herma	13. FATHER'S NAME  Herman M.				14. MOTHER'S MAIDEN NAME Inez Jones			
IS. WAS DECEASED (Yes, no, or unknow NO  IB. CAUSE OF PART I. Conditions, if crise to immed stoting the unlost.  PART II. OTHER  200. EXTERNAL PRIMARY Or CAUSE OF DEAT  201. I Cer death rest	EVER IN U.S. ARMED FORCES? (If yes give wor or dates of s	ervice) 16. SOCIAL SECURITY NO		nformant rs. Inez	J. Brinsfi	Address eld, 11	3 S Park S	
IB. CAUSE OF PART I. C  Conditions, if c rise to immed stoting the ur	DEATH (Enter only one couse EATH WAS CAUSED BY:  IMMEDIATE CAUSE (of DUE TO ONly, which gave iote couse (o), derlying couse  (c)	Rupture of the poste	small	angioma i	n white ma	tter of	INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE				NDITION GIVEN IN PART 1	0)	19. WAS AUTOPSY PERFORMED? YES NO	
CAUSE OF DEAT	CAUSE WAS CONTRIBUTING   H.	20b. DESCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port 1 or Part II of item 1	B.)		
7:55 21. I cer	p.mg 2/ 27 1966 tify that I taak charge	20d. INJURY OCCURRED While Not While of work to the remains described causes (SC), Accident	abave, he	ide, Hamicide CHIEF MEDICAL	Inspection	Inquiry ,	and in my apinian  22. DATE SIGNED	
EXAMINER'S NAME (Type)  230. BURIAL, CREM, REMOVAL (Spe		MEI	1	Address (Stree	AL EXAMINER (X) t, city, town, or county)	-	12.79-66	
230. BURIAL, CREMI REMOVALISPE BUTISI Q 24. FUNERAL DIRE	(ify) 12/30/			2So. REC		Talbo b. REGISTRAR'S SI	IGNATURE	
3 days	HEUERIN	C. sall	1 11	DATE	AN 3 1967	Jelian	les Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17810 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE 5 COUNTY barr papers. Pages 1 MARYLAND filled in by the further furth pages. b CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX NAME OF DATE completely f Month Doy **Увог** DECEASED OF DEATH 19 Type or pont Vent S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH remove MALE lost birthday) Months Hours WHITE **O FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and codirector, page 3 should be detached for use as the burial-transit permit. Then please remashould be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT duffing most of working life; even if retired) INDUSTRY COUNTRY? 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME NOWN REW WAS DECEASED EVER IN J S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address (Yes, no, or unknown) (If yes give wor or dotes of service) 215-09-46 INTERVAL BETWEEN-CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO T 200 ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour am. Not While factory, street, office bldg .etc.) 19 at work 21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 220 SIGNATURE 22b\_DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR 22C PHYSICIAN'S NAME (Type) 22d, ADDRES BUR-AL, CREMATION DATE THEREOI NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) ( remeller 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. physician and completely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE brown t a COUNTY MARYLAND val, and in any event, within 72 haurs after E LENGTH OF STAY IN TH c. CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, write RURAL and a ve nearest town) EASTON, MARYLAND as ton -40 HING e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS General Del. Easten, Maryland 3. NAME OF M ddle 4 DATE Year Doy DECEASED Brown 12 12 19 66 DEATH (Type or print) IF UNDER I YEAR AGE (In years IF UNDER 24 HRS S SEX NOVER MARRIED 8. DATE OF BIRTH 7 MARRIED lost bethday) Months WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT USA P during mast of warking ite, even if retired) INDUSTRY E asT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM George Lanan WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (es\_na, ar unknawn) (If yes give wor ar dates of service) permit Records Best. Easten Md Memorial Hesp. None burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) yd bangis Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) of work of work eceased fram 12/11, 1966, ta 12/12, 1966, that (1) (we) last 65, and that death accurred at 32/11, M, fram causes and an the date stated abave. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) vera s 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) 12-15-1966 Grasenville Cometerv 25h PEGISTRADS SI 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



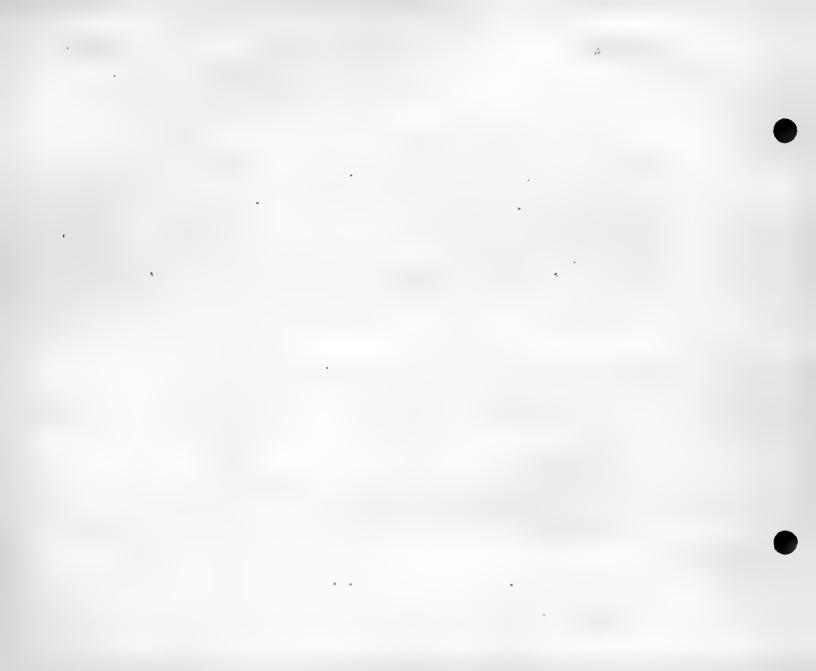
YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Resi before odmission) o. COUNTY a. STATE **b.** COUNTY MARYLAND mary land b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) Queenanne WueenAnne d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS, YES 🔲 NO 🎮 .5 NAME OF 4. DATE First Middle Lost Month Day Yeor filled DEATH (Type or print) Virginia 1966 Callahan December IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months Days Hours DIVORCED | WIDOWED [ 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland IJS House wife 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME requires that the death certificate Virgie Pinder Rice Harvev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) Callahan. Charles queenanne, Md Nο 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carcinoma of the ovary Lonths IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** 9 couse (a), stating the underte hos been sig lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES I NO II 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d, INJURY OCCURRED (State) Doy, Year (County) factory, street, office bldg., etc.) Hour o. m. Not while While of work of work p. m 21. I certify that (1) (this haspital) attended the deceased from Nov. 24, 1944, to Dec. 31 19 66 that (1) (we) lost \_19.66, and that death occurred at \$5 M. Prantine causes and an the date stated above saw the deceased olive on I 220 SIGNATURE 22b, DATE SIGNED ATTENDING MED DIRECTOR M.D. PHYS 22c, PHYSICIAN'S 27d. ADDRESS NAME (Type HOSPITAL QueenAnne, Maryland Kurt Lederer, M. D. may be reh O FUNERAL 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City, Iown, or county) (Stole) page the Sta REMOVAL (Specify) Burria Greenmount 01 24 FUNERAL DIRECTOR'S SIGNATURE ADBRESS 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE DATE 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17813 The completely filled in by the funeral emove carbon papers. Pages 3 and 2 any event, within 72 hours ofter death requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution a. COUNTY o. STATE b. COUNTY Md. Caroline MARYLAND c CITY DR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate I mits. CLENGTH DE STAY IN 15 write RURAL and give nearest town) Preston, Md. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES NO TO NAME OF Middle 4. DATE Month Doy Year DECEASED Wec. Type or print) DEATH SEX 6. COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED DATE OF BIRTH east birthday) Manths Dovs Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working the even if refired)
household work INDUSTRY S.A. New Jersey none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, Frederick Carmine Nellie Hollis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service 17 INFORMANT 16 SOCIAL SECURITY NO. Address H. M. Hollis 216-46-3186 Preston. Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) NTERVAL BETWEEN signed by the buriof-tronsit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) MONTH be retoined by the hospitol or attending physician. DUE TO RITALIOSCLEROFIC Canditions, if any, which gave RENAS 425 13 RATE rise ta immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1 last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NEUMONIA NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) Haur a.m factory, street, affice blda etc.) Nat While at work at work 21. I certify that (I) (this hospital) attended the deceased from 1966, and that death accurred at 350 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 17-27-60 **PHYS** 22c. PHYSICIAN S. 22d. ADDRESS NAME (Type) Stephen P. Carney, Easton, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMAT ON, 23b DATE THEREOF (County) REMOVAL SPECIAL) I2/28/66 Preston. Md. Jr. Order Cemetery ADDRESS 2Sg. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) completely filled in by the funeral lave carban papers. Pages J. and o. COUNTY **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 D FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, with in 72 haurs after the continuous process. autside carparate limits, write RURAL and give negrest town? STEVENSV d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES 🔀 NO MOK 3. NAME OF Middle Lost 4 DATE Month Year DECEASED OF DEATH 12 66 19 (Type or print) IF UNDER 24 HRS S SEX AGE (In years IF JNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH h rinday) Jost Manths Haurs WIDOWED DIVORCED 12 CIT ZEN OF WHAT IDE KIND OF BUSINESS OR COUNTRY? INDUSTRY requires that the death certificate. 13 FATHER S NAME INFORMAN1 (Yes, na, or unknown) (If yes give war ar dates of service) NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t).)
PART 1 DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove (b) rise ta immediate cause (a). DUE TO stating the underlying couse lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO YES -205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, office bldg., etc.) 19 at work at work and that death occurred at a 18 M 21. I certify that (1) (this haspital) attended the deceased fram. 19\_\_\_\_, that (I) (we) last M, fram causes and an the date stated above. saw the deceased alive an 22a, SIGNATURE MED. DIRECTOR Trevery MD 22d ADDRESS 22c PHYSICIAN'S Easton, Maryland 12/29/66 Robert W. Trever M.D. NAME (Type) 230. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17815 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death re carban papers. Pages 1 and 1 event, within 72 hours after death by the funeral re hetate admission) I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Reside o. COUNTY IL COUNTY. MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If guiside carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside carparate limits write RURAL and give nearest town EASTON @S/ON e IS RESIDENCE ON A FARM? d. STREET ADDRESS campletely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO F 3 NAME OF DATE remove carban First Middle Month Day Year Lost HENRU DECEASED OF DEATH Type or print) Lincas SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 7 MARRIED birthday) Davs DIVORCED WIDOWED pup 10p USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT please during most of working ite, even if retired) INDUSTRY bunal, crematian, ar remaval, and MECHANIC utomoti ve 13 FATHER'S NAME BRYAN Roste # 2 Box 501 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war ar dates af service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSEVAND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) While Not While 19 at wark at work 17 Die 19 66, that (I) (we) last 1966 1966, and that death accurred at 150 M, fram causes and on the date stated above. saw the deceased alive an... 22a. SIGNATURA 22b DATE SIGNED STAFF PHYS. ATTENDING 17 Dec 66 M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S HARRISON NAME (Type 23a BURIAL, EREMATION 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 23b DATE THEREOF (County) REMOVAL (Specify) BURIA 2Sb. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR FUNERAL DIRECTOR ir relas DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17816 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death the attending physician and campletely filled in by the funeral sit permit. Ther please remove carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution-Residence before admission) o. COUNTY o STATE b. COUNTY event, within 72 hours after MARYLAND lalbat b CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest fown St. Michaels d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Radcliffe Ave. YES 🗔 NO SC NAME OF Middle First Lost 4 DATE Month Year DECEASED OF DEATH 66 (Type or pnnt 19 S SEX IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED 1 **NEVER MARRIED** last birthday) Months Dovs Hours white 19/ WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if ret ted) INDUSTRY COUNTRY? Baltimore Baltimare 13. FATHER'S NAME burial, cremation, or remove ( nomwell Harry. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) St. Michaels. 18. CABSE OF DEATH (Enter only one couse per INTERVAL BETWEEN signed by the burnal-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ase to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priartal TO FUNERAL DIRECTOR: After this certificate has been last PART I STHER SUMMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART NO. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street-office bldg., etc.) 19 of work Lertify that (1) (this hespital) attended the deceased fram. saw the deceased alive an\_ Zand that death accurred at M. fram causes and an the date stated above. SIGNATURE. 22b. DATE SIGNED ATTENDING PHYS STAFF M.D. DIRECTOR PHYS. 22d ADDRESS PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURJAL, CREMATION (County) (Stote) REMOVAL ASSOCIA Olivet St. Michaels. DEC 19 196 ADDRESS FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17817 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COLINTY b. COUNTY Marvland Caroline Base remove carban papers. Pages 1 and in any event, within 72 haurs after MARYIAND c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) b CITY DR TDWN (If outside corporate imits. c LENGTH DE STAY IN 16 write RURAL and give nearest town Rural Denton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, dive street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Mone YES ND X campletely fi 3 NAME OF First Middle 4. DATE Year DECEASED OF 19 66 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Male White Hours Dec. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaya Clarence E. Darling Jr. Rae Pinder 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yeshing, or unknown) [1f yes give wor or dotes of service] 16. SOCIAL SECURITY NO. 17. INFORMANT Clarence Dertor. signed by the a burial-transit pe CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES I NO TO HOSPITAL OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF FITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour p.m. foctory, street, office bldg , etc.) Not While of work ot work e deceased fram 12-3-66, 19 , ta\_t2-5 , 1966 that (I) (we) last 1966, and that death occurred at \$15 M, fram causes and on the date stated above. 2) I certify that (1) (this haspital) attended the deceased fram 12-3-66, 19 Page 4 may be retained saw the deceased alive an\_12-5 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 12-6-66 DIRECTOR M.D. 22d. ADDRESS 22c. PHY ICIAN'S NAME (Type) John E. Baybutt M. D. Easton, Maryland 12/6/66 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) Greensboro Greenshoro 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR DEC 9 VR A15 (4) 20 M 1/66

MAKTLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17818 CERTIFICATE OF DEATH 24 haurs after death. campletely filled in by the funeral love carbon papers. Pages, 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY and in any event, within 72 hours after MARYLAND r TENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest tawn) CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest tawn) d. STREET ADDRESS IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NO IX YES executed within 3. NAME OF remove carbon Middle 4. DATE First Month Lost Year DECEASED OF DEATH (Type or print) 1966 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs Hours MALE WhITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) during/most of working life, even if retired) COUNTRY? INDUSTRY SHINGTON 40USE WIL requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal. MOULTON WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) signed by the c buriof-transit po NTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO OR ATTENDING PHYSICIAN: 206 ACC DENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg, etc.) Hour o.m. While Not While of work of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from and that death accurred at 12:114M, fram causes and an the date stated above saw the deceased alive an 22 SURNATURE ATTENDING PHYS. DIRECTOR 22d 234, 23d. JOCATION (City or Jown) (County) (Stota) REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE **VR ATS (4)** 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17819 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH deái a COUNTY b COUNTY o STATE Maryland Caroline MARY) AND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 15 write RURAL and give negrest town) Federalsburg R.F.D. Wato IS RESIDENCE ON A FARME and campletely filled in remove carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS n ony event, within 72 h Three Bridges Road NO 3 NAME OF DATE Doy Year DECEASED CRYSTOL XXXXX FAYE 19/16 (Type ar print) DEATH IF UNDER 1 YEAR | IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years December 10. 1966 fast birthdoy) Manths Days Hours Negro Female WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) COUNTRYS . A. INDUSTRY Talbot, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Shirley Ricketts TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phasizertor, page 3 should be detached for use as the bural-transit permit. There should be filed with the State Dept. of Health prior to burial, cremation, or remove George W. Evans IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) George W. Evans, Federalsburg, Md. R.F.D. None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 🔀 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased fram 10 - 10, 1966, to 10 - 12, 1966, that (1) (we) last saw the deceased alive an 10 - 11 1966, and that death accurred at 3 12 AM, fram causes and an the date stated abave. 22b. DATE SIGNED 22a. SIGNATURE MED DIRECTOR M.D. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) R. H. Trapnell M.D. Federalsburg. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Federalsburg, Maryland 23o. BURIAL, CREMATION. 23b DATE THEREOF (Stote) REMOVAL (Specify) Burial 12-14-66 Federal Hill Cemetery 25b. REGISTRARIS SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased ved, if institution PLACE OF DEATH Residence before odmission O COUNTY I TOT Maryland b county lbot Page 3 to ₽ after death. MARYLAND delay Department b CTY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN b c CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) 2, and PM3. and Life Easton, Maryland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCI alang with farm ate De Give Pages 1, ON A FARM? 32 Aurera St, Easten, Md. None after death th the Sto thin 72 i 3 NAME OF First Midd e Lost 4 DATE Month Dov Year DECEASED 24. 1966 RACHEL ENNETS GOOBY Dec. 19 DEATH (Type or print) FUNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE Z MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years 3 54 ast birthdoy) ≥ Dovs Item 18 Female. 10- 1-1912 Negro DIVORCED 24 haurs 11 SIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT durant at warlang life, even if ret red) COUNTRY Cambridge, Maryland in pencl in be farwarded to the Chief Med.cal Examiner 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate shauld be executed within 5... Samuel Ennels Mary Tyler <u>+</u> and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 6-16-7955 remayal, Lillian Cornish (same as above) 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH Б IMMEDIATE CAUSE (o) writing the ward used as a burial-tra burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse los1. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO please execute the certificate, YES ţ þ 200 EXTERNAL (AUSE WAS 70h DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port | or Port || of item 18 ) agent, prior 3 shauld PRIMARY Or CONTRIBUTING 4 shauld AL EXAMINER: CAUSE OF DEATH. MEDICAL 20e PLACE OF IN. JRY (Home form, (City or fown) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJRY Month, Day, Year Hour om factory street, office bldg , etc.) Not While FUNERAL DIRECTOR: Page of work designated Inspection 🔀 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry [ ond in my opinion director. Notural sauses . Homicide . deoth resulted from: Accident | Suicide Undetermined monner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MED CAL EXAMINER TO DEPUTY 0 **EXAMINER'S** LOUIS S. Address (Street, city, town, or county) has ton, Maryland B. Hansen St. Health NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((ounty) (Stote) 0 BURNOVAL (Spec fy) Baston, Md. 12-30-1966 Talbet Richard's Cometery ADDRESS 2Sb REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15ME (5) Bashiell Funeral Home, 426 Bever, Easten, Md. BEC 28 לכנו 5M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death deoth and completely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution-Residence o. STATE b. COUNTY o. FOUNTY ease remove corbon popers. Poges 1 and in any event, within 72 haurs ofter MARYLAND b CITY OR TOWN (If outside carporate limits. r JENGTH OF STAY IN 16 c CITY OR TOWN (If Butside carporate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) Tilohman S RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If ngt in hospital, give street address) NO IX NAME OF DATE Manth DECEASED OF DEATH (Type or print) IF UNDER I YEAR S SEX 6 COLOR OR RACE 66 tost birthday) AGE (In years NEVER MARRIED Months Hours mhite WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 JSJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) sicion o INDUSTRY Talbot Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, Margaret Cummings Edward V. Haddaway 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na. ar unknown) ((If yes give wor ar dates of service) Tilahman. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), signed by the buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise ta immediate couse (a), DUE TO prior to t stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use director, page 3 should be detached for use should be filed with the State Dept. of Heolth NO K 20g ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (stote) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Hour a.m. Nat While at work at work 21 | certify that (1) (this haspital) attended the deceased from. and that deoth accurred at 62 M, from causes and on the date stated obove. saw the deceased olive on 22b. DATE SIGNED 220 SIGNATURE ATTENDING MED. -DIRECTOR STAFF PHYS M.D. PHYS 22d ADDRESS 22e PHYSICIAN S 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION 23b DATE THEREOI (County) (State) BREMOVAL (Specify) Tikohman ilahman 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)

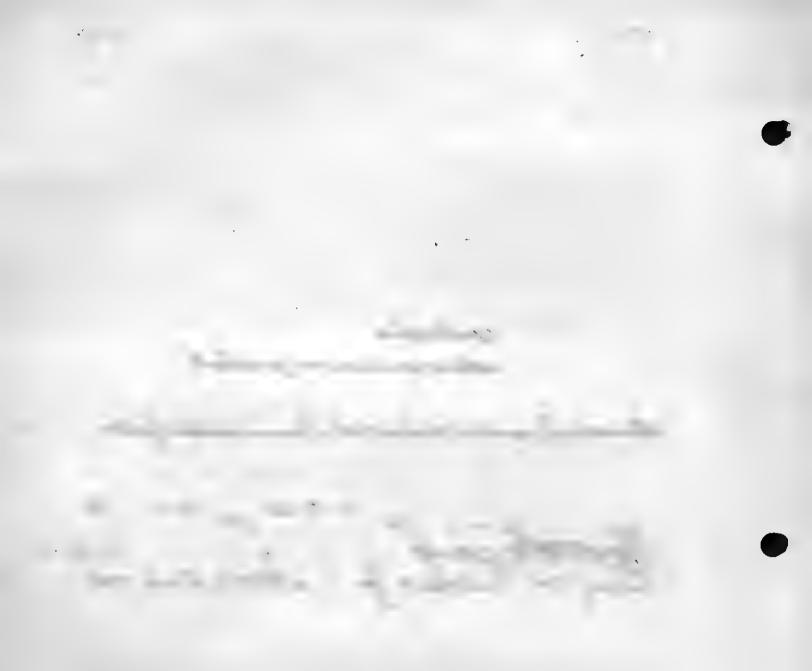


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17822 by the furnishing 2 Pages, Land 2 uns after death. requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence 1. PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Talbox MARYLAND b CITY OR TOWN ( f outside corporate mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL-and give necrest tawn) ve carbon papers Pa event, within 72 haurs ohman. e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS campletely filled in YES 🗍 NO X NAME OF 4 DATE remove carbon Middle Lost Month Day Year DECEASED OF 19 (Type or pnnt) DEATH S SEX 6 COLOR OR RACE AGE (In years 7. MARRIEO NEVER MARRIED jast pirthday) Months Hours white DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working ife, even if retired) INDUSTRY Talbot Maryland Housework an 13 FATHER'S NAME burial, cremation, or remayal, Alice (ovington 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor ar dates of service) Oscar M. Haddaway, Tilahman, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one cause per signed by the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health prior ta lost. be detached far use as PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS ALTOPSY PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at wark certify that (1) (this hospital) attended the deceased from 12-12 19 66 and that death accurred at 3 16 M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN S NAME (Type) R. Lane Wroth Michael s 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF (State) Tilahman Methodist Tilohman Mi 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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VIO	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
J. E.	17823 CERTIFICATE OF DEATH 17819
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	MARYLANO MARYLANO MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  BOZMAN (RURAL)
E "7"	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS     e. IS RESIDENCE
本 是 整元 / /	ON A FARM? YES \ NO \_
completely fill ve carbon par event, within	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
ompre ompre vent,	(Type or print)   homas B Handle Ton   Death DEC 21 1966  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDE
	MALE WHITE WIDOWED DIVORCED DULY 12 1879 87 yrs. Months Deys Hours Min.
e be execu Sician and lease remo and in any	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR UTILIZEN OF WHAT UTILIZEN OF WORKING Life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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certificate be exading physician a removal, and in	DI TILL PARALINE RENDER
a) +	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (1f yes give war or dates of service)
death c he atten permit. tion, or i	- Gatherine Parper St. Muchalle Mi
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH
that iiciar ned nl-tra	MMEDIATE CAUSE (a)
The law requires that the death or attending physician. The has been signed by the atternise use as the burial-transit permisalth prior to burial, cremation, or	Conditions, If any, which gave rise to immediate (b) adenocarcinosus proplate
daw requir ttending p has been as the bi prior to b	cause (a), stating the DUE TO
law atten has e as i pri	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN JAPART 1(a) 19. WAS AUTOPSY
f: The tail or at ificate he for use Health	atheroschiaticardio + cerebro vard, Chronic cardiae failure, YES 1 Nay
PHYSICIAN: The law requires that the the hospital or attending physician. It this certificate has been signed by the detached for use as the burial-transit the Dept. of Health prior to burial, cremains	OR CONTRIBUTING   COLOR OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING   COLOR OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSIO he ho his o tach Dept	
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m.   While   Not While   at work   at wor
	21. I certify that (1) (this hospital) attended the deceased from 3 - 5 - 66, 19, to 2 - 2, 1966, that (1) (we) last saw the deceased glive on 2 - 2, 1966, and that death occurred at 7 M. from the causes and on the date stated above.
ok ATTENDI ok ATTENDI be retained DIRECTOR: A ge 3 should led with the	saw the deceased alive on
	M.O. ATTENDING MED. STAFF   /2-23-66
PITAL 4 may ERAL Cor, pag	226 Aboress Page 100 1 22d. Adoress Page 100 1 22d. Adoress
TO HOSPITAL Page 4 may TO FUNERAL director, page should be fi	23a. BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OF GREMATORY   23d. LOCATION (City, town or county) (State)
5 5 5 5 C	BURIAL DEC 24, 1966 DOZMAN EMETERY BOZMAN /WD
VR A15 (4)	FUNERAL DIRECTOR AOORESS AOORE
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Item lö	Division of	STATISTICAL RESI	MARYLAND ST EARCH AND RECO DICAL EXAMI	RDS, 301 W.	PRESTON STE	EET, BALTIMOR	E, MARYLAN	ND 21201	
178	4	ME	DICAL EXAMI	NER'S CER	RTIFICATE	OF DEATH		1782	1
o. COUNTY	albet		MAR	YLAND 2	USUAL RESIDENCE	(Where deceased iv	ed, if institution b (OUNIX	Residence before oc	m ssion)
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		10% (If not in haspita.		11	STREET ADDRESS	1.Sherwe		0	RESIDENCE IN A FARM?
3 NAME OF DECEASED (Type or print	Janes	OPIS 10	Middle Si T × 3	HOH	HEL	4 DATE OF DEATH	Month	1966 Doy	Year 19
S SEX Male	6 COLOR OR	W DOWER			TE OF B.RTH	9 AGE			UNDER 24 HRS lours Min
10o USUAL OCCUI due no most of w	ATION (G ve kind of w king life, even if retir	vork dane 10b.	KIND OF BUSINESS OR		•	e or foreign country  Marylan		12 C TIZEN OF WE	TAF
13. FATHER'S NA	K. Kohana	HOHN	EY	14	MOTHER'S MAIDEN				
	DEVER IN U.S. ARMED wn) (If yes give wor	or dates of service V	5-05-0219	17 INFOR		(sister)	Address	d, Maryla	nd
18 CAUSE PART	DEATH (Enter onl DEATH WAS CAUSED MMEDIA		รู้ ฿๊ซฟ "ฟู๊ฟ					INTERV	AL BETWEEN AND DEATH
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	adiote couse (o), ( anderlying couse	(c)							
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	ertify that I too		emains described o				, Inquiry		my apınia
ACTUAL	Low	2016	11t	, Junio I	CHIEF MEDICA		]	_	DATE SIGNED
SIGNATURE	LOUIS	WELTY, (M	divid Inc	iner)	DEPUTY MED	CAL EXAMINER   ot, city, town, or cou		12.	-6-66
EXAMINER' NAME (Typ	)								
EXAMINER' NAME (Typ 230 BURIAL, CRI REMOVAL (1	MATION, 23b	DATE THEREOF -7-1966	23c NAME OF CEN			23d LOCATIO	N (City or Town)	(County)	(Stote).



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17825 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND oon papers. Pages 1 within 72 hours after completely filled in by the CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ON AST e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO 3 NAME OF First Middle Lost 4. DATE Doy Year OF DEATH DECEASED INSOK (Type or print) event. B. DATE OF BIRTH IF UNDER I YEAR S SEX 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Manths Davs Hours burial, crematian, ar removal, and in any DIVORCED 12 CIT ZEN OF WHAT 10b, KIND OF BUSINESS OR 10n USBAL OCCUPATION (Give-kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service CAUSE OF DEATH (Enfer only one couse per line for (a), (b), and (c) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY Cerebral wasular IMMEDIATE CAUSE (o)\_ signed by Page 4 may be retained Ily the hallpital ar attending physician. DUE TO Canditians, if any, which gove nse to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar ta last 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 200 ACCIDENT WAS UNDER YING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II at item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) While Not While at work . 1966, that (1) (we) last 2]. I certify that (1) (this hospital) attended the deceased fram 12-12-12-21 sow the deceased alive on 12 - 2/ 19 66, and that death occurred at 527 M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING 12-21-69 DIRECTOR M.D. PHYS. director, page should be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) CHMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County)-(State) REMOVAL (Specify) 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 EUNIRAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 1966



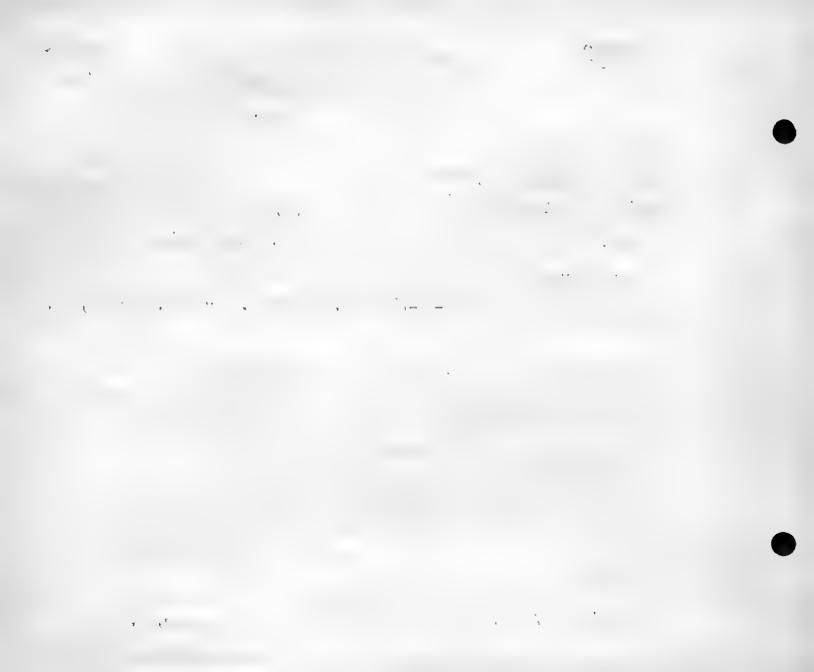
1/2	1/1/	MARYLAND STATE DEPARTMI Division of STATISTICAL RESEARCH AND RECORDS, 301 W. P.	ENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND
-	FOR STATE	17826 MEDICAL EXAMINER'S CERTIF	ICATE OF DEATH 17823
,	HEALTH DEPT.	1. PLRCE OF DEATH  •. COUNTY  2. USUAL RE	SIDENCE (Where decessed lived, If Institution: Residence before admission
THE REAL PROPERTY.	Page Page iles.	1 0. SIAIE	aruland b. COUNTY Talbot
	necessary ctor. Page our files. rtment of	b. CITY OR TOWN (if outside corporete limits, a. LENGTH OF STAY IN 1b c. CITY OR 1 write RURAL end give neerest town)	OWN (If outside corporate limits, write RURAL and give necrest town)
	ay is necess of director. P for your file Department death.	Oxford 3 years Us	cford /
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3*	uneral or ned for ned for also Defined of the Defin	2 MEMPAS	YES NO K
	or death. If any delay is necessar and 3 to the funeral director. Pagingly by retained for your files. 2 with the State Department of in 72 hours after death.	3. NAME OF DECEASED (Type or print) Lewis B. Kelsall	4. DATE Month Day Year OF DEATH 12/17/1966 19
	death. ad 3 to nd 3 to nay be with t	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
			704   67 yrs.
		done during most of working life, even if retired)	E (State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY
	thours Pages 1, A3. Pag ages 1 a event v	3) FATHER'S NAME	land USA
	ted within 24 hours at tem 18. Give Pages 1, 2 with form PM3. Page with form PM3. Page permit. File pages 1 an		
	ie gin		Le Bloyen Address
	W 89 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes, no, or unkown) [lfyesgivewarordelesofservice]	
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	ould be execution to pencil in the Office along a burial-transit purial transit purial transit purial puria	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) CVC NAVY OF ELUSI	ONSET AND DEATH
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	should be g" in pens 's Office a a burial-fr ion, or res	Conditions, if any, which (b)	
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	E - X - 4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	AMINER: This ce writing the word writing the word School Begge 3 should be nt, prior to buriel	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of interpretation)	jury in Peri I or Peri II of Item 18-)
	UTY MEDICAL EXAMINER:  Execute thm certificate, writing the d be forwarded to the Chief Me ERAL DIRECTOR: Page 3 sho or its designated agent, prior to	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e PLACE OF INJURY (Ho	me, ferm, ; 20f. (City or town) (County) (State)
	KAMIN b, writin he Chie Page ent, pri	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Ho Hour e.m., p.m., 19 at work at work	dg., etc.)
	To the transfer of the transfe	21. I certify that I took charge of the remains described above, held an Autopsy	Inspection . Inquiry . and in my opinion
	MEDICAL of the certific forwarded to DIRECT designated	death resulted from: Natural causes Accident . Suicide . Hom	nicide Undetermined manner
	the cyan	7 1 /////	DICAL EXAMINER [
	of the state of th	SIGNATUREM.D.	NT MEDICAL EXAMINER DATE SIGNED
	FULL MEDICAL EX execute thm certificate, ild be forwarded to the NERAL DIRECTOR: or its designated again.	I MARKET IN THE COLUMN TO THE	AEDICAL EXAMINER DA 12-17-66
	TO DEPUTY MEDICAL EXAMINE glease execute the certificate, writing 4 should be forwarded to the Chief TO FUNERAL DIRECTOR: Page 3 Health or its designated agent, prior	NAME (Type)  Address   22e. BURIAL, CREMATION.   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY	Street, city, town, or county)  [ 22d, LOCATION (City, town, or county) (Stele)
	O S S S S S S S S S S S S S S S S S S S	REMOVAL (Spacify)	Baltimore, Md.
	H H	23. FUNERAL DIRECTOR ADDRESS 24	io. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
	VR AISME \		DEC C 4 AMOR ONL. A. O.
	SM 1/63	MAURICE E NEUNAM & SON Easten Mais	ATE DEC 21 1966 fillanles Judge



1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		17827 CERTIFICATE OF DEATH
urs ofter death.  y the funeral Poges Lond 2	1	1. PLACE OF DEATH  o. COUNTY TALBOT  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before dath seton)  o. STATE MARYLAND  D. COUNTY TALBOT  MARYLAND
24 hours ofter death ed in by the funeral pers. Pages Land 172 hours offer death	' [	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  F.A.S.T.E.N.  C LENGTH OF STAY IN 16  C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  F.A.S.T.E.N.
	Δ.0	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street opticess)  1 - 9
ecuted within 24 hours completely filled in by to ove carbon papers. Poly y everywhithin 72 hours	1	3. NAME OF Lost 4. DATE Month Day Year DECEASED (Type or print) FLLA VONES ALINEFELTER DEATH 12-16- 1966.
executed ond comple	7	S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lest birthday) WIDOWED DIVORCED 12-15-1879 STYES Months Doys Hours Min.
ficate be exysicion and please rem		100 SUAL OCCUPATION (Give kind of work done during 2004 of tworking life, even if retired)  100 KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  110 KIND OF WHAT COUNTRY  INDUSTRY  110 KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  111 CITIZEN OF WHAT COUNTRY  110 KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  111 CITIZEN OF WHAT COUNTRY  110 KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  111 CITIZEN OF WHAT COUNTRY  111 CITIZEN OF WHAT COUNTRY  112 CITIZEN OF WHAT COUNTRY  113 CITIZEN OF WHAT COUNTRY  114 CITIZEN OF WHAT COUNTRY  115 CITIZEN OF WHAT COUNTRY  115 CITIZEN OF WHAT COUNTRY  116 CITIZEN OF WHAT COUNTRY  117 CITIZEN OF WHAT COUNTRY  117 CITIZEN OF WHAT COUNTRY  118 CITIZEN OF WHAT COUNTRY  119 CITIZEN OF WHAT COUNTRY  119 CITIZEN OF WHAT COUNTRY  110 CITIZEN OF
certifica physic hen ple noval, c		WIF VENES 14 MOTHER'S MAIDEN NAME / S. EMITA RICHARDSON
ne death certiff attending phy permit. Then ion, or removal		15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Linyawan) (If yes give wor or doles of service) 16. SOCIAL SECURITY NO. (17 INFORMANT GEO, V. PARKHURST FALTIMAKE (ND.
equires that the death certificate be exemplysician. Signed by the attending physician and confuring the please remoburial-transit permit. Then please remoburial, cremotian, or temoval, and in any		18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  PROPERTY OF THE PRO
PHYSICIAN: The low requires that the death certificate be executed within e hospital or attending physician.  It is certificate has ban signed by the attending physician and completely filled for use as the burial-transit permit. Then please remaye carbon probable for use os the burial, cremation, or removal, and in any everymenting.	Ì	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  (c)
HOSPITAL OR ATTENDING PHYSICIAN: The low revoge 4 may be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate has bandirector, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY
YSICIAN: ospital or certificate hed for unit of Healt		200. ACCIDENT WAS UNDERLYING COURS OF DEATH  205. DESCRİBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  OR CONTRIBUTING COURS OF DEATH  (IF ETITED NOTIFE NOTIFE PROTIES FOR MAINER)
ING PHYSICIAI by the hospitol fter this certific be detoched foi		20c. TIME OF INJURY Month, Day, Year Haur om. pm. 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, pm. 19 20t Mhile of work of work
TTENDIN oined by fOR: After hould be th the State		21. I certify that (I) (this hospital) ottended the deceased fram <u>summer</u> , 1965, to 12-16, 1966, that (I) (we) last saw the deceased alive an 12-14 1966, and that death occurred at 715 M, from causes and on the date stated obove
OR ATTEND be retoined   DIRECTOR: At ge 3 should		220. SIGNATURE ROBERT W Trever M.D. ATTENDING WED DIRECTOR D STAFF D 12-16-66
O HOSPITAL O Poge 4 moy be O FUNERAL DII director, poge should be filed	1	22L PHYSICIAN'S NAME (Type) ROBERT W. TREVER 22d. ADDRESS EASTON, NARYLAND
ro Hospital Poge 4 may To Funeral director, poges		230 BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
VR A15 (4) 20 M 1/66	M	24. FIDERAL DIRECTOR.  ADDRESS  DATE DEC 2 1 1966  Leave Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH certificate be executed within 24 hours ofter death. death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COUNTY a. STATE b. COUNTY Talbet MARY! AND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) b CITY OR TOWN (If autside carparate limits, puriot-iransit permit. These please remove carbon papers. Page burial, cremotion, or removol, and in any event, within 72 hours al write RURAL and give negrest town all filled in ! d. NAME OF HOSPITAL OR INSTITUTION (If not in hasbital, give street address) d. STREET ADDRESS ON A FARM? NO YES 3. NAME OF Middle DATE Manth Year First Last 4 DECEASED OF e.R. 49 19 (Type or print) DEATH IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR S SEX DATE OF BIRTH 6 COLOR 7 MARRIED X NEVER MARRIED lost h rthday) Hours Manths male WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done CONYRY? INDUSTRY Queen Anne Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME C.mma Lane Leverage 16 SOCIAL SECURITY NO 17. INFORMANT requires that the death (Yes, na, ar unknown) ((If yes give war ar dates of service) harles E. Leverage, Cordova, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line Lat (a), (b) and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Poge 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO X YES O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II) of item 18.) 20a. ACCIDENT WAS UNDERLYING [2] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) Nat While factory, street, affice bldg., etc.) 19 of wark 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death accurred at M, fram couses and on the date stated above sow the deceased alive and 22a SIGNATURE 22b. DATE SIGNED MED DIRECTOR M.D PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) (County) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE THEREOF Spring Hill 25b. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17829 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and burial, crematian, ar remaval, and in any event, within 72 hours after degit PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND E. LENGTH OF STAY IN 16 c CITY OR TOWN outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate nmits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF, HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO X 3 NAME OF Middle 4 DATE Month Day Year Lost First DECEASED (Type or print) QΕ 19 DEATH 1F UNDER 1 YEAR IF UNDER 24 HRS AGE SEX (In years 7 MARRIED NEVER MARRIED birthdoy) Months Doys Hours male WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working the even if retired) INDUSTRY COUNTRY? Talbox Manyland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME attending phys Frances Neavitt William J. 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war at dates of service) Tilghman, Ald. Joseph Lowery, es INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) NO V YES CERTIFICAT. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) 20c. TIME OF INJURY Month, Day, Year Hour om. factory, street, office bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram. and that death accurred at A. from causes and on the date stated above saw the deceased alive an 19/2 226 SIGNATURE 22b DATE SIGNED DIRECTOR M.D. 22d ADDRESS 122 PHYSICIAN S 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (County) (Stote) 23b. DATE THEREO BURIAL, CREMATION, REMOVAL (Specify) Tilahman. ahman Methodist Medi 2SO REC'D BY REGISTRAR 2Sh REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Layley VR A15 (4) 20 M 1/66



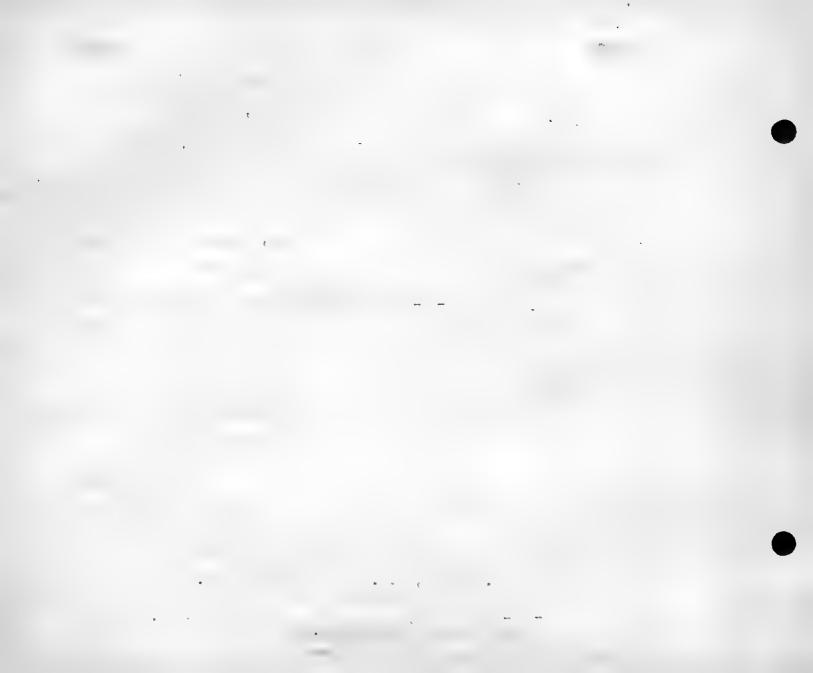
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral ands 2 after death. geoge 2 death. 1. PLACE OF BEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Talbet lalbet the Paruland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town) hours Wittman .= bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within completely ve carbon NAME DE First DATE Month Last DECEASED ve carb event, ۱ Lendenis Marshall 66 Addison DEATH (Type or print) 19 executed 5. SEX ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min DATE OF BIRTH 8. NEVER MARRIED Days Months i Hours WIDOWED Y DIVORCED [ = 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Cive kind of work done ) 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? pe during most of working life, even if retired) INDUSTRY Maruland Vaterman Se Se certificate 13. FATHER'S NAME ed by the attending on transit permit. Them, p. cremation, or removal, remova Marshall Mary (umminas Rubin. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, 170, or unkown) (If yes give war or dates of service) arl Singleton. New CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (e) INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th prior l underlying cause last. PART D. OTHER SIGNIFICANT CONDITIONS CONTRIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? 19. certificate YES NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) g 4 be detached State Dept. o un MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Affer Id be d While Not While p.m. 19 at work at work 19,56 to that (I) (we) last DIRECTOR: age 3 should led with the 21. Certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on SCNATUS DATE SICNED page MED STAFF M.D. DIRECTOR HOSPITAL FUNERAL **PHYSICIAN'S** 22d. ADDRESS director, p should be NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O EMOVAL (Specify) 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SICNATURE VR A15 (4) 20M 1/65



1 == =2=- \	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 17828	
r dea	ACE OF DEATH CDUNTY TALBOT  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before ad a. STATE WARYLAND  ACE OF DEATH COUNTY ALBOT  MARYLAND  ACE OF DEATH COUNTY ALBOT	m issi en
Pag Pag purs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1
24 h		DENCE ARM? NO
executed within	ME DF CEASED DEATH Dec. 30, 196  CEASED	6
e be execute sioismand on lease remove and in any ev	Ale White WIDOWED DIVORCED 120 160 1901 65 yrs. Months Days Hours UAL OCCUPATION (Give kind of work done 10b. Kind of Business Or Industry 120 Citizen of What ppst of working life, even if retired) INDUSTRY 120 119 BIRTHPLACE (County & State, or foreign country) 120 CITIZEN OF WHAT PROPERTY.	Min.
ohys	Housework /albet Maryland USA  WHER'S NAME Robert Gannon I Trophenia (alloway)	
or it it	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (15 yes give war or dates of service) 217-36-0871 B Bedford C. Milby, Condova, Md.	
law requires that the itending physician. has been signed by II as the Illurial-transit prior to burial, cremain	CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BET ONSET AND D  DUE TO  INTERVAL BET ONSET AND D  DUE TO  ONSET AND D  DUE TO  DUE TO  DUE TD  DUE TD  Gerebral arterios largesta  RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AU  PERFOR!	TOPSY WED?
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JING PHYSICIA d by the hospi After this ceri a be letacled State Dept. of	Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work factory, street, office bidg., etc.)	tate)
OR ATTENI y be retaine DIRECTOR: age 3 shoul	21. I certify that (I) (this hospital) attended the deceased from	above
TO HOSPITAL Page 4 may TO FUNERAL director, pa	Woodlawn Memorial Park Easton, Md.	ate)
VR AIS (4)	UNERAL DIRECTOR 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE JAN 3 1987 Corles Justine 1987	ye

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 hours after death requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Ta 1 COUNTY o. STATMaryland c. COUNTY MARYLAND en please remove carban papers Pages I eval, and in any event, within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURA, and give negrest town) Bellevue, Maryland e IS RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) campletely filled in General Delivery, Ber# 16 4 DATE NAME OF Middle Doy First DECEASED 1110-111. スス DEATH (Type or print) E LINDER 1 YEAR 1F UNDER DATE OF BIRTH AGE S SEX 6 COLOR OR RACE 2 MARRIED NEVER MARRIED lost birthdoy) Months Hours March 20 DIVORCED WIDOWED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USA ? Bellevue, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William Moore Mary Jame Green 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mary Ellen Meure, (widew) same as above 213-03-0856 after burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY CUTE DULMONTRY IMMEDIATE CAUSE (o) 6 251 DUE TO INSUFFICIEN CH URTIC Conditions, if ony, which gove nse to immediate couse (0), DUE TO storing the underlying couse Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been prectar, page 3 shauld be detached far use as the prior ta WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detached for use shauld be filed with the State Dept, of Health NO K 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work . 19 46, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. March 1964-10 Dec 19 66, and that death accurred at 465 M, fram causes and an the date stated abave. saw the deceased alive an 3 NOU 22b DATE SIGNED 22o, SIGNATURE ATTENDING STAFF 12-27-66 DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN S Stephen P. Carney. M.D. Easton Md. NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL CREMATION 23b DATE THEREOF REMOVAL (Specify) Easten, Md. 12- 22-1966 Richard's Cometer 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR **FUNCERAL DIRECTOR** VR A15 (4) 20 M 1/66 DATE

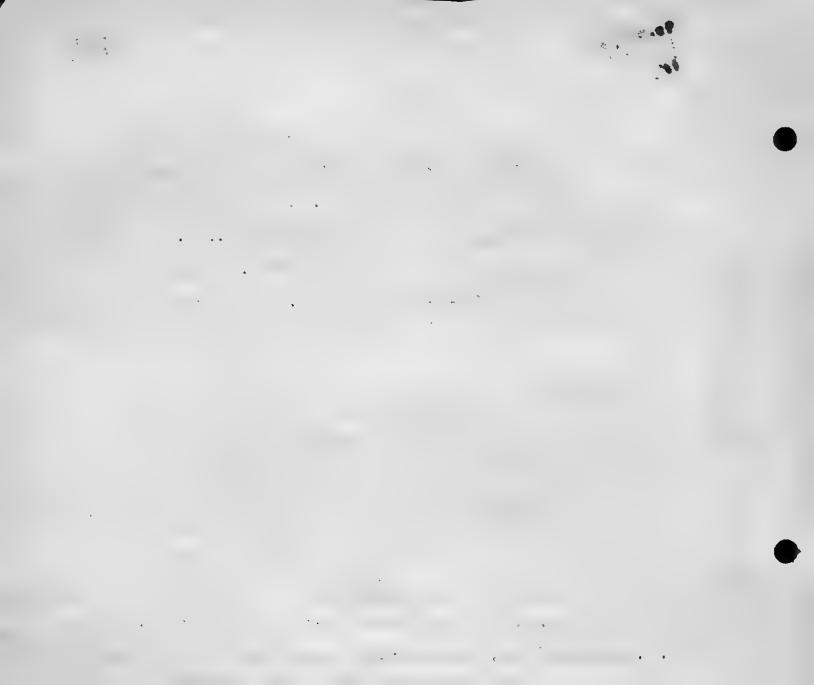


ll.		PLACE OF DEAT	Talbox	_			2. USUAL RES	BIDENCE (Who				ence before admission
						MARYLAND		lahoma		. COUNTY	O/COL	V
		LUTTE CURAL OF	THE THEELY	rels	1 da	ð	Ok	lahoma	corporata limi	its, write Ri	URAL and giv	re nearest fown)
1.		d. NAME OF HOSP	tion Hil	ION (if not i	in hospitel, give stre	net address)	d, STREET AT	Sherwoo	d Lane	2	W. W	o. IS RESIDENC ON A FARM YES NO-
	3.	NAME OF DECEASED (Type or print)		First	Karlton	Moste	eller	4. DA OF DE	те атн	Dec.	. 23,	19 66
		male	6. COLOR OR white	WID	ARRIED # NEVER		lev. 28,	1898	9. AGE (I	n years IF	UNDER 1 YEA	
	do	. USUAL OCCUPA ne during most of w TITE ISLELY	TION (Give kind o orking life, even i	f work   10 I ratired)	Ob. KIND OF BUSIN	IESS OR INDUSTR	Atlan	ta, Geo		- ' ' -		OF WHAT COUNTRY
		PATHER'S NAME	22 -24 -122				14. MOTHER'S M	AIDEN NAME		-		-
7	18	WAS DECEASED EV	PROUN.	D KORCESS	16. SOCIAL SECU	IDITY NO. 17		noun				
	y.	s, no, or unkown)	W.W. L	tes of service)	443-40-7	336 Mr.	. Helen	B. Most		St.	Micha	els, Ad.
			TH WAS CAUSED	BY: Ca	per line for (a), (b)	cclusion	<b>.</b>					NTERVAL BETWEEN ONSET AND DEATH
		. 1 10 1	IMMEDIATE CAU	2F (e)								
		420.	DI	JE TO								*
		Conditions, if an	y, which	(b)				**				*
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	NOIL	gave rise to immed (a), stating the seause last.	y, which dista cause underlying	(b) UE TO (c)	CONTRIBUTING TO	O DEATH BUT NO	T RELATED TO THE	TERMINAL DISE	ASE CONDITIO	ON GIVEN	IN PART I(e)	19. WAS AUTOPSY PERFORMEDY
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€ Lending		gava rise to immed (a), staling the sease last.  PART II. OTHE  20s. EXTERNAL C PRIMARY OF OCCUPATION OF CAUSE OF DEATH 20c. TIME OF INJU- Hour a.m. p.m.	which diele couse underlying DI CR SIGNIFICANT CO AUSE WAS ONTRIBUTING URY Month, De hat I took cha	(b) UE TO (c) ONDITIONS  20b. D  20b. D	DESCRIBE HOW INJ  20d. INJURY OCCU  While Not Whi t work at work	URY OCCURRED.  JRRED 200. PLA feet to bed above, he	(Enter neture of injunction of injunction) CE OF INJURY (Horory, street, office bloom, street, office bloom)	na, farm, 201,	City or town	B.)	(County)	YES NO
		gava rise to immed (a), staling the gause last.  PART II. OTHE  20s. EXTERNAL C PRIMARY [] or CC CAUSE OF DEATH  20c. TIME OF INJI Hour a.m. p.m.  21. I certify t	which diele couse underlying DI CR SIGNIFICANT CO AUSE WAS ONTRIBUTING URY Month, De hat I took cha	(b) UE TO (c) ONDITIONS  20b. D  19 19 19 10	20d. INJURY OCCL While Not Whit work et work	URY OCCURRED.  URRED 200. PLA feet to bed above, he	(Enter neture of in) CE OF INJURY (Horory, street, office ble Id an Autopsy ide, Hom CHEEF ME	ma, farm, 201, dg., atc.)   Inspect licide   DICAL EXAMINE	(City or lown)	B.)	(County)	YES NO (Stere)
		gave rise to immed (a), stating the sease lest.  PART II. OTHE  20s. EXTERNAL C PRIMARY [] or CC CAUSE OF DEATH  20c. TIME OF INJI Hour a.m. p.m.  21. I certify t death resulted  ACTUAL SIGNATURE	which diele couse underlying DI CR SIGNIFICANT CO AUSE WAS ONTRIBUTING URY Month, De hat I took cha	(b) UE TO (c) ONDITIONS  20b. D  19 19 19 10	20d. INJURY OCCL While Not Whit work et work	URY OCCURRED.  URRED 200. PLA feet to bed above, he	(Enter neture of inj CE OF INJURY (Hor ory, street, office blo id an Autopsy ide, Horn CHIEF ME	ma, ferm, 201, dg., etc.] Inspect	(City or lown)  On  Undeterminate  MINIST  MINIST   On  MINIST   MINIST   On  On  On  On  On  On  On  On  On  O	B.)	(County)	YES PERFORMED? YES NO (Stelle)
2	MEDICAL	gave rise to immedial, stating the sease lest.  PART II. OTHE  20s. EXTERNAL C PRIMARY OF OF CEAUSE OF DEATH 40ur a.m. 21. I certify the death resulted CACTUAL SIGNATURE  EXAMINER'S NAME (Type)	y, which diele couse underlying Dies SIGNIFICANT CO.  AUSE WAS ONTRIBUTING III.  URY Month, Do.  hat I took cha from: Natur	(b) UE TO (c) ONDITIONS  20b. D  19 19 19 19 10 11 11	DESCRIBE HOW INJ  20d. INJURY OCCU While Not Whit t work of work remains descri Acciden  Muty	JRRED 200. PLA feath to the state of the sta	(Enter neture of injunction), street, office blooding ory, street, office blooding ory, street, office blooding ory, street, office blooding or	ma, form, 201, dg., atc.)   Inspect icide   DICAL EXAMINE IT MEDICAL EXAMINE EXAMINE TO MEDICAL EXAMINE Street, city, town	(City or lown)  On  Undetermine  MINER  HEROC  on county)	Inquiry	(County) an	(Stete)  DATE SIGNED  -24-66
?	MEDICAL	gave rise to immedial, staling the gause last.  PART II. OTHE  20s. EXTERNAL C PRIMARY OF OF CEAUSE OF DEATH About a.m. 21. I certify the death resulted  ACTUAL SIGNATURE  EXAMINER'S	y, which diele couse underlying Dies SIGNIFICANT CO.  AUSE WAS ONTRIBUTING II.  URY Month, Dies of the control	(b) UE TO (c) ONDITIONS  20b. D  19 19 19 19 10 11 11	20d. INJURY OCCL While Not Whit work of work remains descri	URY OCCURRED.  URRED 200, PLA feets 1	(Enter neture of injunce of injunce ory, street, office bloom of the b	Inspect icide Dical Examine T MEDICAL EXAMINE T	(City or lown)  On X,  Undetermine  MINER  percounty)  OCATION (City)	Inquiry ined man	(County) an	YES NO (Stere)
?	MEDICAL	gave rise to immedial, stating the sease last.  PART II. OTHE  20s. EXTERNAL C PRIMARY   or CC CAUSE OF DEATH  20c. TIME OF INJU- Hour a.m. 21. I certify the death resulted  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  BURIAL, CREMATIC	AUSE WAS ONTRIBUTING  WAS MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING  LOUNT MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING  LOUNT MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING  LOUNT MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING  AUSE WAS ONTRIBUTING  LOUNT MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING  AUSE WAS ONTRIBUTING  LOUNT MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING  AUSE WAS ONTRIBUTING  LOUNT MONTH, DO CAR SIGNIFICANT CO.  AUSE WAS ONTRIBUTING	(b) UE TO (c) ONDITIONS  20b. D  19 19 19 19 10 11 11 11 11 11 11 11 11 11 11 11 11	20d. INJURY OCCL While Not Whit work of work remains descri	URY OCCURRED.  URRED 200, PLA feets 1	(Enter neture of injunce of injunce)  CE OF INJURY (Horory, street, office bloom)  Id an Autopsy ide	Inspect icide Dical Examine T MEDICAL EXAMINE T	(City or lown)  ION X.  Undetermine  MINER  or county)  CATION (City  Lington	Inquiry ined man	(County) and 12-	(Stete)  PERFORMED!  YES NO (Stete)  (Stete)

8.5



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA  CERTIFICATE OF DEATH	ND
funera Mould	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, If institution; Residence between the county of the c	pre edmissio
24 hours in by the fu 1 and 2 st er death.	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)  MARYLAND  MARYLAND  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	town)
d within 2 sly filled in rs. Pages 1 hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  d. STREET ADDRESS	IS RESIDENC
cufe plete apel 72	Market Street  Market Street  Month  Month  Dey  OF	Yeer
≥ 5.≥	5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In years If UNDER I YEAR I YE	1966 NDER 24 HR
physician ar remove ca any event,	MATE   Negro   WIDOWED   DIVORCED   Sept. 1, 1000   80 yrs.    10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & Stete, or fareign country)   12. CITIZEN OF WH.	
P S S S S S S S S S S S S S S S S S S S	Retired Methodist Minister Dorchester Co., Md. USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
nit. Then plear removal, and	Luke H. Nichols  Martha F. Prattis  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT  (Yes, no, or unknown) [Ifyesgive were orderes of service]	
cate has been signed by the as the burial-transit permit. to burial, cremation, or rem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest.  (c)	L BETWEEN NO DEATH NO /
Health prior	YES [ 20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   If EITHER, NOTIFY MEDICAL EXAMINER)	_ № Д
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) Hour a.m.  p.m. 19 et work et work	(State)
State Dept	21. I certify that (I) (II	ted abovi
filed with the State	220. SIGNATURE  Raleut M. McD. avalal  M.D. PHYS. DIRECTOR DIRECTO	22b. DATI SIGN
<b>2</b>	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county)  Burial Dec. 15, 1966 John Wesley Cemetery Near Oxford, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAMS SIGNATURE	(State)
14	24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS 250. REC'D BY REGISTRAMS SIGNATURE / U.C. M. T.	Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death/ the law requires that the death certificate be executed within 24 haurs after death. physician and campletely filled in by the funeral en please remove carban, papers. Pages 1 and E OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n \*COUNTY a STATE 5 COUNTY MARYLAND Within 72 hours after c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CITY OR TOWN (if autside carparate limits, E LENGTH OF STAY IN 16 write RURAL and give negrest town Easten please remove carban papers. d NAME OF HOSPITAL OR INSTITUTION (If/nat in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Dill Apt. MORIV YES NO K NeavitHolle NAME OF 4 DATE Last Manth Doy Year DECEASED men event. (Type or pant) DEATH S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF JMDER 元 **NEVER MARRIED** last birthday) Manths WIDOWFD DIVORCED burial, crematian, ar remayal, and in any male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most at working life even fretired) INDUSTRY SAMAS SAMAS Quuen Anne Maruland 13. FATHER'S NAME Laura 7. 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, pg. or unknown) (If yes give war or dates of service) 216-46-1045 Mrs. William N. Palmer, Easton, Md. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b); and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY antewia IMMEDIATE CAUSE (o) DUE TO emana y plu practale Lomo Conditions, if only, which gave rise to immediate cause (a), DUE TO Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been stoting the underlying couse director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO 🔀 20o ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factary, street, office bidg, etc.) Hour o.m. Not While at wark 10 22 Hec 21. 1 certify that (1) (this haspital) attended the deceased fram 15 saw the deceased glive an 22 less 1966, and that 6 1966, that (I) (we) last 1966, and that death accurred 5500 M, fram causes and an the date stated above. 22b DATE SIGNED 220 SIGNATURE ATTENDING 22 Rec 66 DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Entre THURSTON HARRISON NAME (Type) 236 NAME OF CEMETERY OR CREMATORY
Stevensville Stevensville, 23b. DATE THEREOF 12/24/1966 (State) BURIAL, CREMATION, (County) 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH



70	Division of STATISTICAL RESEA		PARTMENT OF HEALTH W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201
. 2	17836	CERTIFICATE	OF DEATH	17833
nours ofter death by the funeral s. Pages 1 and 2 hours ofter deoth	D. COUNTY Talbot  b. CITY OR TOWN (If outside corporate firmits, write RURAL and give negrest town)	MARYLAND C LENGTH OF STAY IN 16	o. STATE MARY LAN  c CITY OR TOWN (if autside carporot	d lived, if institut an Residence before admission b. COUNTY QUEEN HANE be limits, write RURAL and give nearest town)
1 24 hours led in by appers. Pour	d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, g  Memorial Hospital	16 days	d. STREET ADDRESS	ON A FARM?  YES NO IN
cecuted within 24 ho completely filled in love corbon papers. by event, within 72 hi	3 NAME OF First DECEASED (Type or pnnt) Jane	Middle Merrit	Smith 4 DATE OF DEATH	Month Day Year 12-26- 19 66
itate be executed within 24 harmonic and completely filled in please remove corban papers. I, and in any event, within 72 h.	FEMALE WHITE WIDOWED	NEVER MARRIED   8 DIVORCED   /	DATE OF BIRTH  OV. 11 - 1929  IT BIRTHPLACE (County & State, ar for TALBOT CO. 1	AGE (In years lost buthday) Months Doys Hours Min.  37 yrs 12 CITIZEN OF WHAT COUNTRY?
death certificote the transition of the second of the seco	13. FATHER SNAME ROLAND BLAG	CK SOCIAL SECURITY NO. 17 IN 13-24-0043	14. MOTHER'S MAIDEN NAME  CLEO M  NFORMANT  MRS. CLE	ARSHALL OBLACK INI
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the offen ling physician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, cremotian, or remavol, and in any event, within 72 hours offer death	Conditions, if any, which gave inse to immediate cause (a), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	aennec's ndrome (h	errhosis ii yzonotre mi gest varia HE TERMINAL DISEASE CONDITION GIVEN	Uncertain Lace
G PHYSICIAN: The law re the hospital or attending re this certificate hos been detoched far use as the te Dept. of Health priar to	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e PLAC	Enter nature of injury in Part I or Part  E OF INJURY (Home, form, 20f. in, street, affice bldg , etc.)	of item 18    (City or tawn) (Caunty) (State)
TO HOSPITAL OR ATTENDING Poge 4 may be retained by th TO FUNERAL DIRECTOR: After th director, page 3 should be de should be filed with the State	21. I certify that (I) (this hospital) attends saw the deceased alive an DCC 220. SIGNATURE	ded the decegsed from	ATTENDING - MED.	from couses and an the date stated above  STAFF PHYS.   12-27-66
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag should be fil	230 BUR AL, CREMATION, 236 DATE THEREOF DCC. 28	23c. NAME OF CEMETERY OR CO	REMATORY 23d. LOC SVILLE ST	ATION (City or Town) (County) (State)
VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR Edgar Lane Funeral Hor	ne, Church Hil	250. REC'D BY REGISTR	1967 COLOMB



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
ATE)	17837 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17094	
EPT.	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, il Institution) Residence before admissi a. STATE b. COUNTY	0
-	MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND	
	write RURAL and give nearest fown)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  (e. IS RESIDEN	C
	ON A FAR! YES: \ NO \	Mi
3.	NAME OF DECEASED (Type or print)    A DATE   Month   Dev Year   OF	
5	(Type of print)  LLA VEETER STAPLES  DERTE 12- 30 1966.  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  19. AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HE	0.6
Г	WIDOWED DIVORCED OCT 8 1885   Bast birthday)   Months Days Hours Min	_
10	to. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country)	R'
	MAID GENERAL HOUSENORD MONTGOMERY, N. A. U.S. A	
Ti.	PATHER'S NAME	_
_	WIRT VEETER NO KNOWN	
110	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  on, no, or unhown) (If you give we rordetes of service)  Address  Address  Address  Address  Address  AND  Address  AND  Address  AND  AND  AND  AND  AND  AND  AND  A	
-		
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH	
н	1/20   DUE TO	-
	Conditions, if any, which \( (b)	
	gave rise to immediate cause	-
1	(a), staling the underlying sease lest.	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPS	
3	Somility YES NO	4
CERTIFICATION	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.)	
	CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, but a.m. 19 State) And While work states of work states of the st	
2	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion	_
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL FLOWS OF METTY MAD ASSISTANT MEDICAL EXAMINER DATE SIGNED	
	EXAMINER'S INF. TV TO DEPUTY MEDICAL EXAMINER 17-30-64	1
22	NAME (Type)  Address (Street, city, town, or county)  ADURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   [Siete]	-
	(TEMOVA) (Specify) 12-31-66 THE WILLIAMS MEM, PARK ROANOKE VA.	
2	3. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR'S SIGNATURE)	
	action Short Enclos M.A. DATE JAN 5 1967 general Judge	-

the state of the s MI MANA ES 32.60 MARYLAND STATE DEPARTMENT OF HEALTH

45851 March 1 to 1109 . The contract of the contract the state of the s -10 PST, 4305 Table 1 to 17 to 19 per 17 per Street of the control of the street of the s . In the same water and the same and the sam The state of the s the first of the second of the